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FACSIMILE TRANSMISSION COVER SHEET

Date: October 9, 2009

To: United States Patent and Trademark Office
Examiner: Lebentritt, Michael; Art Unit: 2829

Fax: (571) 273-8300

Re: **Application Serial No.: 10/791,096**
Filing Date: 3/1/2004; First-Named Inventor: Ryan
Attorney Docket No.: 0180367

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Response to Final Office Action dated June 9, 2009.

Payment for First Month Extension Fee in the Amount of \$130.00 is hereby enclosed on Form PTO-2038.

Thank you.

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OCT 09 2009

Attorney Docket No.: 0180367

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Ryan, et al.SERIAL NO.: 10/791,096 FILED: 03/01/2004FOR: Contact Liner in Integrated Circuit Technology

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$130.00
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 130.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***3	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.


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- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 130.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 10/9/09

By: 
Michael Farjami, Reg. No. 38,135

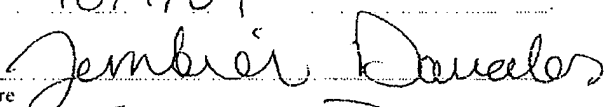
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Name of Person Performing Facsimile Transmission

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